

Hair Patterns of the Face of White and Negro Males

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TROTTER¹ found that the upper lip is the region of the face showing the most constant tendency for vigorous growth in both sexes of the white and Negro races. Thomas and Ferriman² sketched the degrees of hair growth on the upper lip and chin of women. Hamilton et al.³ reported that the configuration of the bearded area is essentially the same in identical male twins but not so in unrelated subjects of the same age.

Since, no account of the hair patterns of the face of white and Negro males could be found in the available literature, the present work was undertaken.

SUBJECTS AND METHODS

The subjects were 300 white and 300 American Negro males taken at random from the patient population at St. Elizabeths Hospital, Washington, D.C. None of the subjects was permitted to shave for three days preceding the time of inspection.

Each subject sat or stood either under an electric lamp or at a window in the sunlight. While the subject was thus arranged, his face was observed for the distribution of terminal hair from the front, right lateral, and left lateral aspects. Either the hair pattern as seen from the right lateral aspect was drawn within a mimeographed outline of the right side of the face, or simply the name of the pattern was written across the outline. Whenever the left side presented a pattern different from that of the right, the name of the pattern of the left side was written on the back of the outline. And for possible correlations, the hair pattern of the scalp (Setty⁴) was determined by inspection and recorded by name just above the outline.

For subjects with very dark skin, a reading glass was used in addition to the naked eye in scanning the surface of the face.

Finally, just below the outline of the face, the age and the race of the subject were recorded.

DESCRIPTIONS OF HAIR PATTERNS OF THE FACE

Four basic hair patterns of the face were recognized. These patterns are named and described as follows:

1. *Maximo-pilose* (Fig. 1A). Hair on superior labial, inferior labial, mental, submental, upper cervical, and cheek regions. Hair continuous among these regions. Hair of posterior portion of cheek continuous with hair of temporal region of scalp.

2. *Fenestro-pilose* (Fig. 1B). Same as maximo-pilose, except for bare area circumscribed by hair on inferior labial region. This bare area one-fourth to one inch vertically and one-half inch to one and one-half inches horizontally. Bare area of right side and that of left continuous or not continuous with one another in middle by bare strip one-half to one inch vertically.

3. *Indentato-pilose* (Fig. 1C). Same as maximo-pilose, except for indentation on upper margin of inferior labial region. Indentation one-half inch to one and one-half inches vertically and three-fourths inch to two inches horizontally. Indentation of right side and that of left continuous or not continuous with one another in middle by bare strip three-fourths inch to one inch vertically. Cheek hair reduced or not reduced to posterior portion and lower margin of that region.

4. *Minimo-pilose* (Fig. 1D). Hair on superior labial region. Hair on inferior labial region limited to midline or absent. Bare area of inferior labial region continuous laterally with bare area of cheek and continuous or not continuous across midline with bare area of inferior labial region of opposite side. Hair on mentum. Submental hair, when present, continuous with mental hair and continuous or not continuous with cervical hair. Hair

present or absent on cervical region. Hair of cheek region, when present, limited or not limited to posterior portion of that region and continuous with hair of temporal region of scalp. Hair of cervical region and that of cheek region continuous or not continuous.

OTHER DATA

Table 1 shows a wide age range for all of the facial hair patterns in both whites and Negroes.

The same table shows that the maximo-pilose has the highest incidence in the whites and that the fenestro-pilose has the highest incidence in the Negroes.

Table 2 shows that all of the hair patterns of the face have a high correlation with the indentato-pilose hair pattern of the scalp for the whites. Table 3 shows the same for the Negroes.

Some subjects were found not to have the same hair pattern of the face on both the right and left

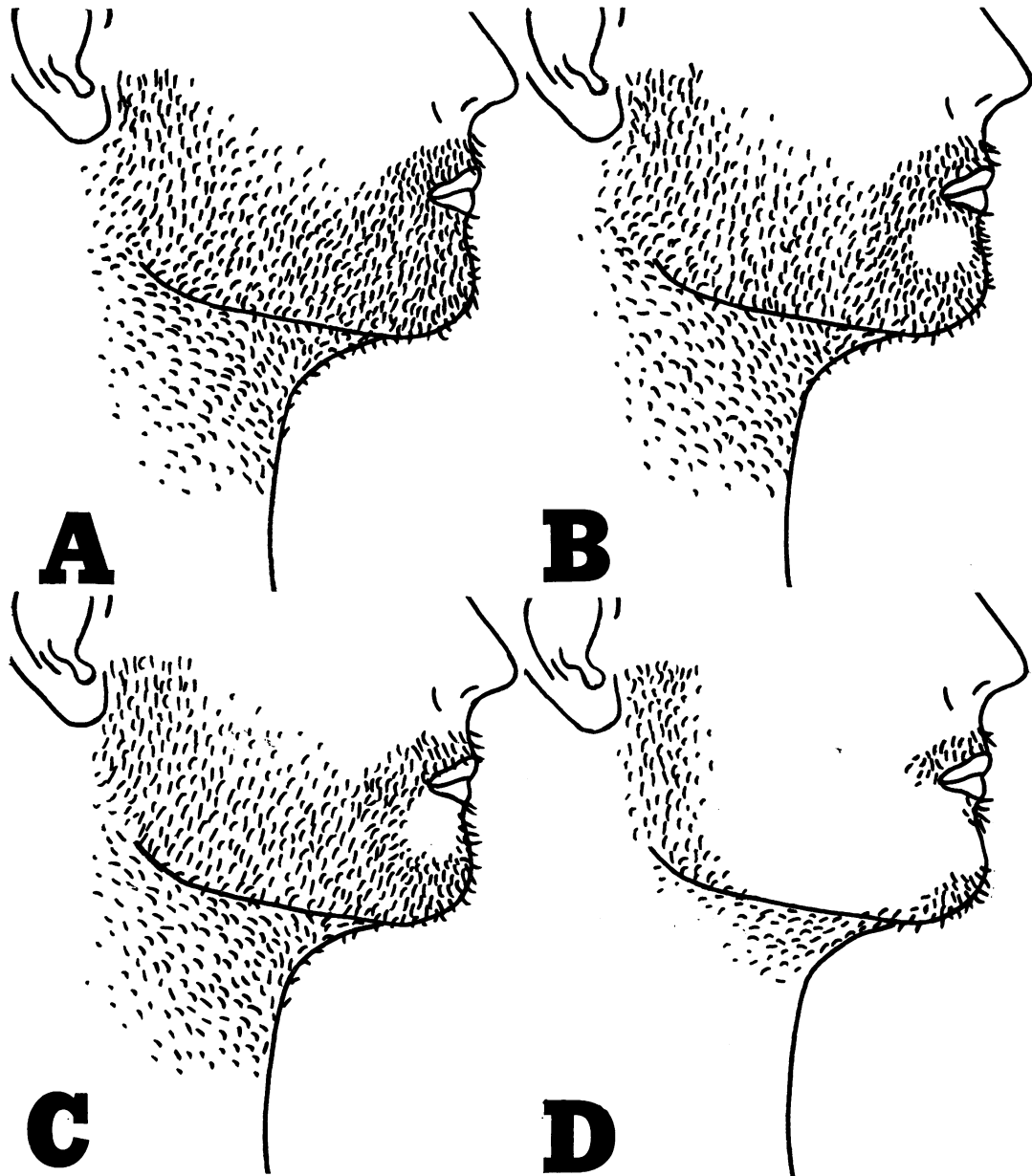


Fig. 1. Hair patterns of the face. A, Maximo-pilose. B, Fenestro-pilose. C, Indentato-pilose. D, Minimo-pilose.

TABLE 1.—AGE RANGE AND INCIDENCE OF HAIR PATTERNS OF FACE OF 300 WHITE MALES AND 300 NEGRO MALES

<i>Hair patterns (right side)</i>	<i>Age range (inclusive years)</i>		<i>Incidence (number of subjects)</i>	
	<i>White</i>	<i>Negro</i>	<i>White</i>	<i>Negro</i>
Maximo-pilose	21-97	24-85	162	83
Fenestro-pilose	19-90	22-92	73	106
Indentato-pilose	21-79	21-87	57	77
Minimo-pilose	21-64	16-64	8	18

TABLE 2.—CORRELATION OF HAIR PATTERNS OF FACE WITH THOSE OF SCALP FOR 300 WHITE MALES OF AGE RANGE OF 19 THROUGH 97 YEARS

<i>Hair patterns of face (right side)</i>	<i>Hair patterns of scalp (right side)</i>			<i>Total</i>
	<i>Totopilose</i>	<i>Indentato-pilose</i>	<i>Indentato-circulo- pilose</i>	
Maximo-pilose	5	117	40	162
Fanestro-pilose	2	60	11	73
Indentato-pilose	3	49	5	57
Minimo-pilose	—	8	—	8
Total	10	234	56	300

TABLE 3.—CORRELATION OF HAIR PATTERNS OF FACE WITH THOSE OF SCALP FOR 300 NEGRO MALES OF AGE RANGE OF 16 THROUGH 92 YEARS

<i>Hair patterns of face (right side)</i>	<i>Hair patterns of scalp (right side)</i>			<i>Total</i>
	<i>Totopilose</i>	<i>Indentato-pilose</i>	<i>Indentato-circulo- pilose</i>	
Maximo-pilose	5	64	14	83
Fenestro-pilose	10	88	19	117
Indentato-pilose	12	59	10	81
Minimo-pilose	6	13	—	19
Total	33	224	43	300

sides. Of the 300 whites, five had the maximo-pilose pattern on the right side and fenestro-pilose on the left; and five had these two patterns reversed in respect to the right and left sides. Also of the 300 whites, four had the fenestro-pilose pattern on the right side and indentato-pilose on the left; and seven had these two patterns reversed in respect to the right and left sides. Of the 300 Negroes, one had the maximo-pilose pattern on the right side and fenestro-pilose on the left; and eight had these two patterns reversed in respect to the right and left sides. Also of the 300 Ne-

groes, three had the fenestro-pilose pattern on the right side and indentato-pilose on the left; and eight had these two patterns reversed in respect to the right and left sides.

SUMMARY

1. Four basic hair patterns of the face are recognized in sexually mature males. These are maximo-pilose, fenestro-pilose, indentato-pilose, and minimo-pilose.

2. All of the hair patterns of the face show a wide age range.

3. The maximo-pilose pattern has the highest incidence in the whites; the fenestro-pilose, in the Negroes.

4. All of the hair patterns of the face have a high correlation with the indentato-pilose hair pattern of the scalp.

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FEDERAL LICENSING EXAMINATION (FLEX)

FLEX is a three-day examination to qualify for a state license to practice medicine for: 1) Graduates of medical schools in the United States who have not passed National Board examinations, and 2) Graduates of foreign medical schools.

FLEX is relatively new and not so well known as the National Board Examination. FLEX is a program of the Federation of State Medical Boards. A committee of the Federation meets with the National Board of Medical Examiners to select from the vast pool of validated test questions which have been previously used in National Board examinations those that are judged relevant to the Federation's objective to assess qualification for the clinical practice of medicine. The first day of the examination includes 90 multiple-choice questions in each of the six basic science subjects that are included in National Board Part I. The second day of the examination covers the six clinical science subjects of Part II with 90 test questions in each subject. The third day of FLEX is comparable to the National Board Part III, including clinical questions about case histories, pictures of patients or specimens, roentgenograms, electrocardiograms and graphic or tabulated material, and a section that assesses the candidate's judgment in the sequential management of patients.

Since all of the questions in the FLEX examination have been previously used in National Board examinations, the scoring of FLEX is related directly to the performance of National Board candidates as determined by the item analysis of each of the test questions. Therefore, an accurate estimate can be made of the scores that would be expected for National Board candidates if they were to take the FLEX examination. Thus, standards for passing the FLEX examination can be equated to standards for passing National Board examinations.

The idea of FLEX was born several years ago in discussions between a Committee of the Federation of State Medical Boards and the National Board. At that time an increasing number of states were turning to the National Board for examination questions which their boards wished to use in lieu of examinations prepared by themselves.

By the end of 1970, the following 25 states had adopted the FLEX program and used FLEX as their official state board examinations: Alabama, Alaska, Arizona, California, Connecticut, Idaho, Illinois, Indiana, Maine, Maryland, Massachusetts, Michigan, Nebraska, New Hampshire, New Mexico, New York, North Carolina, Ohio, Oregon, South Carolina, Utah, Vermont, Virginia, West Virginia and Wyoming. Hawaii, Iowa, and Louisiana begin use in June 1971 and Georgia in 1972. A number of other states have expressed their interest in adopting the FLEX program in 1971 or soon thereafter.

—National Board of Examiners, Dec. 1970.